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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)										
	Hassan, Margaret, Wood, ,										
	(b) Address (number and street) PO Box 298	□C	heck if addre	ss changed	i	Candidate's FEC Identification Number S6NH00091					
	(c) City, State, and ZIP Code					3. Is This New Amended					
	Concord		NH	1 033	02	Statement (N) OR (A)					
4.	Party Affiliation	5. Office Soug	ht		6. State & Dist	rict of Candidate					
	DEMOCRATIC PARTY	Senate			NH						
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 election(s). (year of election)										
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in	the instructions.						
	(a) Name of Committee (in full)										
	Maggie for NH										
	(b) Address (number and street) PO Box 298										
	(c) City, State, and ZIP Code										
	Concord				NH	03302					
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)										
 I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. 											
ı	NOTE: This designation should be f	led with the pri	ncipal campa	ign commi	ttee.						
	(a) Name of Committee (in full)										
	Maggie Hassan GV	P									
	(b) Address (number and street) 918 Pennsylvania Ave SE										
	(c) City, State, and ZIP Code										
	Washington				DC	20003					
	I certify that I have exa	mined this Stat	ement and to	the best o	f my knowledge a	and belief it is true, correct and complete.					
Signature of Candidate						Date					
Hassan, Margaret, Wood, ,				[Ele		11/24/2019					
				2	ctronically Filed]	1					
NO	TE: Submission of false, erroneous,	or incomplete	information n			ng this Statement to penalties of 2 U.S.C. §437g.					
NO	TE: Submission of false, erroneous,	or incomplete	information n								

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	TEAM NEW HAMPSHIRE								
	(b) Address (number and street) 918 Pennsylvania Ave SE								
	(c) City, State, and ZIP Code	_							
	Washington DC 20003								
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								